

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		2		1			
5	(1)						
6	(1)						
7	(1)						
8	(1)	C	C				
9	1		1				
10		1		1			
11		1		1			
12		1		1			
13	(1)						
14	(1)						
15	(1)						
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26	(1)						
27	(1)						
28	(1)						
29	(1)						
30	(1)						
31	(1)						
32	1		1				
33	1		1				
34	1		1				
35	1		1				
36	1		1				
37	1		1				
38	1		1				
39	1		1				
40	1		1				
41	1		1				
42	1		1				
43	1		1				
44	1		1				
45	(1)		1				
46	(1)	C	C				
47							
48							
49							
50							
TOTAL IND.	2		2				
TOTAL DEP.	45	←	42	←	←		
TOTAL CLAIMS	47		44				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							